

**NOMINATION FORM**  
**For the**  
**HANFORD ADVISORY BOARD**

<b>NOMINATION FOR NON-UNION, NON-MANAGEMENT EMPLOYEE MEMBERS</b>
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Please complete this form and return **by October 14, 2003** to:

Washington Department of Ecology  
Nuclear Waste Program  
Attn: Max Power  
P.O. Box 47600  
Olympia, WA 98504-7600  
(Fax: 360/407-7151)  
e-mail: mpow461@ecy.wa.gov

**PLEASE TYPE OR PRINT IN BLACK INK. THANK YOU.**

**BASIC INFORMATION**

**(NOTE: IF SOMEONE OTHER THAN NOMINEE FILLS OUT THE FORM, PLEASE SEE LAST SECTION BELOW)**

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Fax (if available) \_\_\_\_\_ E-Mail address (if available) \_\_\_\_\_

Employer \_\_\_\_\_

Facility or organizational unit \_\_\_\_\_

Please list any extra-curricular positions you hold or organizational affiliations that you believe would strengthen your participation in the Hanford Advisory Board:

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### **DEMOGRAPHIC INFORMATION**

**Completion of this section is optional.** The information will help the appointing agencies meet the intent of the Hanford Advisory Board Charter that there be “ethnic, geographic, racial, or gender diversity on the Board.”

Sex (Circle one)   **M**   **F**            Age \_\_\_\_\_

Race (Check one): African American\_\_\_\_ Hispanic\_\_\_\_ Asian\_\_\_\_ Caucasian \_\_\_\_ Other\_\_\_\_  
Please Specify

### **QUALIFICATIONS, INTEREST AND POTENTIAL CONTRIBUTIONS TO THE BOARD**

**Please answer the questions below. Please use separate sheets if needed. Include resume or other material if you believe it directly supports your answers.**

**1. What expertise, skills, qualifications and contacts with other site employees would you bring to help the Hanford Advisory Board with its work?**

**2. How would you propose to present your own expertise and insight as a site employee, gather the expertise and insight of others, and yet remain independent of a “company line”?**

3. Does anything in the attached statement on "Commitments of Board Members" raise concerns that you wish to bring to the attention of the appointing agencies?

4. References: Please give the names, positions, relationship to nominee and phone numbers of three references:

Name	Position	Relationship	Phone #

SIGNATURE OF NOMINEE \_\_\_\_\_ DATE \_\_\_\_\_

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IF YOU ARE SUBMITTING THIS NOMINATION FOR SOMEONE OTHER THAN YOURSELF, PLEASE PROVIDE THE FOLLOWING:

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Your Telephone Number \_\_\_\_\_

Have you received agreement from the nominee to submit her or his name? Yes \_\_\_ No \_\_\_